POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*	67624	11/9/55
O.I.P.E. CLASSIFIER			11-12-99
FORMALITY REVIEW	KS		11-23

Best Available Copy

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral) Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	Date
	1	✔
	2	✔
	3	✔
	4	✔
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Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
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